FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1					Office	e use onl	,								
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyii the lines	ng, type	1	2FE4	1M5		J doc on	<u>'</u>			-	
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ADDRESS (number and	street) P.O.	Box 8331												_ _]	
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			CITY▲					STATE▲				ZIP CODE ▲			
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2. DATE 0 1	1														
3. FEC IDENTIFICA	ATION NUMBER	(C COO	020974	• • •										
4. IS THIS STATEM	MENT X NEW	'(N) OR		AMEN	DED (A)										
I certify that I have exam Type or Print Name of	_	to the best of my know	vledge an	d belief it is tr	rue, correct	and co	omplete	1						_	
Signature of Treasurer	Electronically File	d by Deborah S	tark			Dat	ie	0 1] ′ [^D 13	/ Y	Ž	o ^v o 9		
NOTE: Submission of fa		nplete information may								2 U.S.C	S437	7g.		_	
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